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Bib Data Sheet

CONFIRMATION NO. 9942

|  |   |                                  |   |   |                                |
|--|---|----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/942,759   | <b>FILING DATE</b><br>08/31/2001<br><b>RULE</b>   | <b>CLASS</b><br>370              | <b>GROUP ART UNIT</b><br>2661   | <b>ATTORNEY DOCKET NO.</b><br>213504US2RD |                                |
| <b>APPLICANTS</b><br>Junko Ami, Tokyo, JAPAN;<br>Yoshiaki Takabatake, Kanagawa, JAPAN;   |   |                                  |   |   |                                |
| <b>** CONTINUING DATA *****</b>  |   |                                  |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN P2000-265508 09/01/2000<br>JAPAN P2000-333615 10/31/2000   |   |                                  |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/22/2001</b>   |   |                                  |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met <input checked="" type="checkbox"/> Allowance <input type="checkbox"/><br>Verified and <i>[Signature]</i><br>Acknowledged <i>[Signature]</i> Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>22                 | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>022850   |   |                                  |   |   |                                |
| <b>TITLE</b><br>Broadcast type service system using bluetooth type radio network   |   |                                  |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>986  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |